

California State Water Resources Control Board  
California Department of Water Resources  
California Department of Public Health



**CERTIFICATION FOR  
COMPLIANCE WITH WATER METERING REQUIREMENTS  
FOR FUNDING APPLICATIONS**

Funding Agency name: Department of Water Resources

Funding Program name: Proposition 84

Applicant (Agency name): Boron Community Services District

Project Title (as shown on application form): BCSD Arsenic Removal

Treatment Plant

Please check one of the boxes below and sign and date this form.

☒ As the authorized representative for the applicant agency, I certify under penalty of perjury under the laws of the State of California, that the agency is not an urban water supplier, as that term is understood pursuant to the provisions of section 529.5 of the Water Code.

☐ As the authorized representative for the applicant agency, I certify under penalty of perjury under the laws of the State of California, that the applicant agency has fully complied with the provisions of Division 1, Chapter 8, Article 3.5 of the California Water Code (sections 525 through 529.7 inclusive) and that ordinances, rules, or regulations have been duly adopted and are in effect as of this date.

I understand that the Funding Agency will rely on this signed certification in order to approve funding and that false and/or inaccurate representations in this Certification Statement may result in loss of all funds awarded to the applicant for its project. Additionally, for the aforementioned reasons, the Funding Agency may withhold disbursement of project funds, and/or pursue any other applicable legal remedy.

Peter A. Lopez  
Name of Authorized Representative  
(Please print)

Peter A. Lopez  
Signature

General manager  
Title

3-13-13  
Date

California Department of Water Resources  
Integrated Regional Water Management Grant Programs

**CERTIFICATION FOR GROUNDWATER MANAGEMENT PLAN COMPLIANCE  
FOR THE  
PROPOSITION 84, IMPLEMENTATION AND  
PROPOSITION 1E, STORMWATER FLOOD MANAGEMENT  
GRANT PROGRAMS**

Grant Program:

☒ Implementation

☐ SWFM

IRWM Region:

Antelope Valley

Agency name:

Boron Community Services District

Project Title (as shown on application form):

BCSD Arsenic Removal Treatment Plant

Please check one of the boxes below and sign and date this form.

- ☐ As the authorized representative for the agency, I certify under penalty of perjury under the laws of the State of California, that the agency has prepared and implemented a GWMP in compliance with CWC §10753.7.
- ☒ As the authorized representative for the agency, I certify under penalty of perjury under the laws of the State of California, that the agency participates or consents to be subjected to an existing GWMP, basin-wide management plan, or other IRWM program or plan that meets the requirements of CWC §10753.7(a).
- ☐ As the authorized representative for the agency, I certify under penalty of perjury under the laws of the State of California, that agency consents to be subjected to a GWMP that will meet the requirements of CWC §10753.7 and be completed within 1-year of the grant application submittal date.
- ☐ As the authorized representative for the agency, I certify under penalty of perjury under the laws of the State of California that the agency conforms to the requirements of an adjudication of water rights in the subject groundwater basin.

I understand that the Department of Water Resources will rely on this signed certification in order to approve funding and that false and/or inaccurate representations in this Certification may result in loss of all funds awarded to the applicant for its project. Additionally, for the aforementioned reasons, the Department of Water Resources may withhold disbursement of project funds, and/or pursue any other applicable legal remedy.

Peter A. Lopez  
Name of Authorized Representative  
(Please print)

Peter A. Lopez  
Signature

General manager  
Title

3-13-13

Date